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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

*YES A.R.*

This application is a CIP of 09/305,143 05/04/1999 PAT 6,325,796

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 99	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				

Verified and  
Acknowledged

*Amber Roush A.R.*  
 Examiner's Signature Initials

ADDRESS  
36154

## TITLE

SURGICAL MICROWAVE ABLATION ASSEMBLY

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